

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020848

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED MAY 31 1962

Primary Registration District No.

1003

Registrar's No.

4869

VS 300  
Rev. 4/59

1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

D.O.A. City Hospital

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR  
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐d. STREET  
ADDRESS

(If outside, give location)

4237 Connecticut St.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

LUCIE

Middle

M.

Last

PHILLIPS

4. DATE  
OF  
DEATH

Month

May

Day

10

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12-16-1917

## 9. AGE (last birthday)

44

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

## 10b. KIND OF BUSINESS OR INDUSTRY

At Home

## 11. BIRTHPLACE (City and state or country)

Clark County, Iowa

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Clyde O. Harless

## 13b. MOTHER'S MAIDEN NAME

Lydia A. Hendrick

## 14. NAME OF HUSBAND OR WIFE

Gerald F. Phillips

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Gerald F. Phillips 4237 Connecticut St.

## 18. CAUSE OF DEATH (Enter only one cause per line if

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO

fracture of the skull; suffered in fall down stairs in home

DUE TO

as above

mailed, on May 11<sup>th</sup>, 1962.INTERVAL BETWEEN  
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

accident

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☒ Unknown19. WAS AUTOPSY  
PERFORMED?YES ☒ NO ☐

## 20a. ACCIDENT

SUICIDE

HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

see above

20c. TIME OF  
INJURY

Hour

a.m.

p.m.

Month, Day, Year

5-11-62

20d. INJURY OCCURRED  
WHILE AT WORK ☐NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

16 Home

## 20f. CITY, TOWN, OR LOCATION

St. Louis

## COUNTY

## STATE

Mo

## 21. I attended the deceased from

1145 P.M.

and last saw him alive on

Death occurred at

1145 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Paul J. Simon

Deputy  
Coroner

## 22b. ADDRESS

1300 Clark

## 22c. DATE SIGNED

5/14/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

May 14, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Laurel Hills Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

## 25. DATE RECD. BY LOCAL REG.

MAY 14 1962

## 26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Edwin A. M. Acornatt

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.